

WIC JUSTIFICATION FORM
For Non-Contract, or Special Formula

Dear Physician:

Effective October 1, 1995, the Idaho WIC Program will provide either Enfamil with Iron, Lactofree or Prosobee formula made by the Mead Johnson Company, except when the need for an alternate formula is medically indicated.

If your patient has a medical condition that requires a non-contract or special formula, please fill out the following form completely, (Note: low iron formulas will be issued only if the patient has a diagnosed hematological condition which contraindicates the use of iron-fortified formula.) This justification form is valid for **6 months maximum or until the client's recertification**, whichever come first.

Thank you for your help in this matter.

Patients Name	Birth date	Parent/Caregiver's Name

1. Formula needed: _____
2. Medical diagnosis/reason for using non-contract or special formula:

3. Length of use: _____
4. Special Instructions: _____

Name & Address of Physician/Health Care Provider/Clinic

Signature of Physician/Nurse Practitioner/Physician Asst. (No stamp): _____ Date _____

Name & Phone Number of Local WIC Agency:	WIC Program, Central District Health Department 707 N. Armstrong Pl. Boise, Idaho 83704
	327-7488